

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California Air Resources Board		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1001 I St. Sacramento, CA 95814			
Area Code/Phone Number 916-445-6426	Email victoria.davis@arb.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Victoria Davis - Senior Attorney			

2. Donor Name and Address

☐ Individual _____ ☒ Other Intertek
 Last Name First Name Name
 3933 US Route 11 Cortland NY 13045
 Address City State Zip Code

Intertek provides testing of air cleaners for ARBs regulation to limit ozone from air cleaning devices.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Guangzhou, China February 18-25, 2017
 Location of Travel Dates (month, day, year)

United _____ ☐ Rail ☒ Air ☐ Bus ☐ Auto ☐ Other Crowne Plaza & Holiday Inn
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 701.29	\$ 133.01	\$ 1,193.75	\$ 253.98	\$ 2,282.03
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses

3.1 (b) Payment(s) not related to travel: _____
 Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

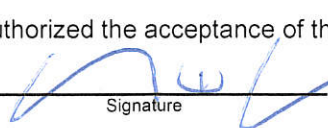
Intertek Testing Services requested that Dr. Williams conduct an on-site audit of their laboratory in Guangzhou China in order to fulfill the requirements specified in section 94805(d) of our air cleaner regulation. The payment covers the cost of Dr. Williams' travel expenses for the audit.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Williams	Jeffery	Air Pollution Specialist	Research Division
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

	Richard Corey	Executive Office	5/9/2017
Signature	Print Name	Title	(month, day, year)

Comment:

(Use this space or an attachment for any additional information)